

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528036

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9			1			
10						
11						
12						
13						
14						
15						
16			1			
17						
18						
19						
20			1			
21						
22			1			
23						
24			1			
25						
26			1			
27						
28						
29			1			
30						
31						
32			1			
33						
34						
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36						
37						
38			1			
39			1			
40						
41						
42			1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						